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PTO/SB/01 (3-97)

Approved for use through 6/30/98. OMB 0651-0032

Patent and Trademark Office: US DEPARTMENT OF COMMERCE

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b>		<b>Attorney Docket No.</b> 600052-0000 (B75163)
<input type="checkbox"/> Declaration Submitted with initial filing		<b>First Named Inventor</b> Keisuke Aoyama
<input checked="" type="checkbox"/> Declaration Submitted after initial filing		<b>COMPLETE IF KNOWN</b> <b>Application No.</b> 10/246,125 <b>Filing Date</b> September 18, 2002 <b>Group Art Unit</b> 3623 <b>Examiner Name</b> N/A

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (only if one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYSTEM AND METHOD FOR DISTRIBUTION CHAIN MANAGEMENT

(Title of the Invention)

the specification of which

☐ is attached hereto  
or  
☒ was filed on September 18, 2002, as United States Application Number or PCT International Application Number: 10/246,125 and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code § 119 (a)-(d) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number (s)	Filing Date (MM/DD/YY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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DECLARATION - Utility Or Design Patent Application							
I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the matter provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.							
U.S. Parent Application Number		PCT Parent Number		Parent Filing Date (MM/DD/YYYY)		Parent Patent Number (if applicable)	
<input type="checkbox"/> Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/01B attached hereto.							
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:							
<input checked="" type="checkbox"/> Customer Number 20594 or <input type="checkbox"/> Registered practitioner(s) name/registration number listed below							
Name		Registration Number		Name		Registration Number	
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to <input checked="" type="checkbox"/> Customer Number 20594 or Bar Code Label				or <input type="checkbox"/> Correspondence Address below			
Name							
Address							
City, State, Zip							
Country		Telephone		Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Keisuke				Aoyama			
Inventor's Signature		<i>Keisuke Aoyama</i>				Dated 12/18/02	
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City		Dallas		State Texas		Zip 75206 Country U.S.	
<input checked="" type="checkbox"/> Additional inventors are being named in the supplemental additional inventor(s) sheet(s) PTO/SB/02A attached hereto.							
Name of Inventor				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Kojiro				Toyoshima			
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PTO/SB02A (3-97)

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Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Inventor's Signature			Dated
Residence: City		State	Country Citizenship
Post Office Address			
City		State	Zip Country
Name of Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Inventor's Signature			Dated
Residence: City		State	Country Citizenship
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City		State	Zip Country
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Inventor's Signature			Dated
Residence: City		State	Country Citizenship
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Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			Dated
Residence: City		State	Country Citizenship
Post Office Address			
City		State	Zip Country